

4/7/20

Honorable Judge Wines,

I am asking this court to accept this letter as a request for a motion for a modification of sentence due to extraordinary, and compelling circumstances. We are currently under institutional lockdown due to the COVID-19 pandemic so I am not able to prepare a motion in response to these circumstances.

I requested compassionate release from this institution on April 1<sup>st</sup> 2020. I received response today April 7<sup>th</sup> stating, "You are not eligible for home confinement due to your having a high risk pattern score."

I will present the circumstances as they are hoping the court will understand the time sensitive nature of this letter, and its request.

My reason for requesting a modification of sentence is to provide basic necessary essential care for my children, and mother which no one else is able to provide.

## Background;

In January 2020 my mother (Lori Caswaters 63) suffered a major stroke. At the time she was the primary caregiver for my two children (Hazel Summers 10, Marvin Summers 8.)

For the past five years she has been the primary caregiver within the household where my children reside with my grandmother ("Eleanore Heath" 82) who is their primary legal guardian.

Their mother (Elizabeth Hart 33) has not been present for the past seven years, and does not appear to be so in the near future due to her mental health condition, addiction and legal circumstances. She is wanted by the state of Missouri for parole violations.

Following her stroke my mother is in the rehabilitation process learning to walk, and talk again. She was released from aftercare facility at the end of March only to return the first week of April, because she didn't have the basic essential care she needs in the evenings, and overnight.

I am the only one who is able to provide this care for my mother during those specific times. She can no longer function as my children's primary caregiver.

Judge my mother made a sacrifice following my arrest to move from Florida to care for my children. They have developed a bond that is special. I am asking this court to take the nature of this bond, and the circumstances which have separated this essential bond in the lives of my children.

Judge I would like the opportunity to repay her sacrifice by providing the basic care she needs to keep her out of assisted living, and together with the grandchildren she sacrificed her time to care for.

My children are growing up without their mother, I am incarcerated, their grandmother suffered a major stroke. The most important bonds in their lives at this point are with my mother, and grandmother. My mother is in the rehabilitation process, and my grandmother is 82 her memory is getting progressively worse it affects everything she does. Both my mother, and grandmother are at a high risk of death if they contract the COVID-19 virus.

My grandmother (Eleanor Heath 82) is the legal guardian of my children. She no longer drives, and is not able to provide necessary essential care for my children or mother.

Judge I would like the opportunity to address a few more things in this letter. The first is my conduct during my incarceration. I have been violation free during my incarceration. I have served 50% of my sentence. I am actively programming. I am currently in the HVAC apprenticeship requested at sentencing. I have 3,300 hours completed as of April 1st.

( I am currently unable to earn any credit towards my apprenticeship while this BOP lockdown continues. )

In addition I have taken the responsibility of establishing a Narcotics Anonymous group within this institution to support my ongoing recovery from substance abuse. I volunteered to start, and chair these meetings almost two years ago. The name of our group is Our Freedom we have been meeting every Friday night since October 2018. These meetings have grown to 20 regular members I currently sponsor four of the men in working the 12 steps.

Judge I started these meetings to take responsibility for my addiction, and recovery. What I have witnessed in the process is the growth and healing of men who are incarcerated because of their addiction. I am grateful to be a part of the healing taking place within these meetings. I am rewarded with the satisfaction of knowing this program will be available to men in the future as a result of taking responsibility for my addiction, and recovery.

Judge I would also like to address my high risk assessment factors which include the nature of offense, and criminal history. I understand the serious nature of this offense, and I am responsible for my actions relating to this offense.

The nature of this offense does not reflect who I am as a person, or who I am within my community. It does not reflect the quality of my character, the depth of my integrity



or the level of my honesty. I am a sincere compassionate father, friend, and son. I am respectful, kind and earn the respect of everyone I meet. As for public safety factors I am absolutely not a risk to anyone on earth except myself if I don't take responsibility for my recovery from substance abuse.

Judge my criminal history consists of two simple possessions and a distribution charge for selling 3 grams of marijuana, and a few prescription pills of Xanax. I write this not to minimize these offenses, but to reflect that I am a drug addict whose only criminal conduct consists of cumulative minor drug offenses stemming from my addiction rather than actual criminal conduct.

Judge I struggle with substance issues. I understand that my freedom depends on taking responsibility for my recovery. I know with certainty I have zero risk of recidivism if I take that responsibility as seriously as I take caring for my family. I have almost five years clean, and plan to continue this way of life.

Judge my plan if released is to help my mother thru her rehabilitation process. She has access to quality care during the daytime thru ability ke. In the evenings I would be cooking, cleaning, helping her to the bathroom and shower. I have a few years of experience with Heartland Residential Care doing that specific type of work. I would pursue my parental rights, and seek to take custody

of my children when the time is necessary. I have a good family support system, a Narcotics Anonymous home group, and a sponsor to support ongoing recovery from Substance Abuse.

Judge if this sentence is modified my plan to support my family financially is to continue my education, and apprenticeship in the HVAC trade. In the event this opportunity is not available immediately upon release I have made contact with family and friends who have provided two job offers at wages sufficient to support us immediately upon release. I am awaiting two letters of intent to hire in response to those job offers.

Judge I am begging for mercy in granting a modification of sentence to provide the basic essential care my children and mother need which no one else is able to provide if the court finds these to be extraordinary and compelling circumstances. Thank you for your time.

Respectfully

Jason Summers



Release Plans 5122 N Flora

Kansas City, MO 64118

816-452-5939 Home phone


239-728-7734 cell

06 April 2020

MEMORANDUM FOR U.S. Federal Bureau of Prisons, Federal Correctional  
Institution Greenville, 100 US-40, Greenville, IL 62246

SUBJECT: Modification of sentence for Summers, Jason Patrick (28055045)

1. I, Major Howard, Michael C., request a modification of sentence for Summers, Jason Patrick (28055045).
2. Jason is my half-brother; our mother recently suffered from a stroke and requires an extensive amount of care.
3. I will undergo a permanent change of station (PCS) that will take me away from the local area, and will not have the ability to provide care for our mother. If Jason is released, he can act as a primary caregiver in my absence and provide our mother with a higher quality of life than she would enjoy in a long-term care facility. Jason would also be able to care for his two children, who are currently residing with our elderly grandmother who is rapidly losing the capability to care for herself or the children.
4. It is my understanding that Jason has been a model inmate, and has served the majority of his sentence. He has endeavored to better himself while in FCI Greenville by learning a viable trade, and would not pose any significant threat to our citizenry should he be released early. .
5. The point of contact for this recommendation is the undersigned at (337) 718-6398, or michael.c.howard2.mil@mail.mil.

  
MICHAEL C. HOWARD  
MAJ, MP  
STUDENT, CGSC

**Individualized Reentry Plan - Program Review (Inmate Copy)**

SEQUENCE: 02060049

Dept. of Justice / Federal Bureau of Prisons

Team Date: 08-28-2019

Plan is for inmate: SUMMERS, JASON P 28055-045

Facility: GRE GREENVILLE FCI  
Name: SUMMERS, JASON P  
Register No.: 28055-045  
Age: 36  
Date of Birth: 06-08-1983

Proj. Rel. Date: 05-04-2024  
Proj. Rel. Mthd: GCT REL  
DNA Status: PREBOP TST / 05-23-2017

**Detainers**

| Detaining Agency | Remarks |
|------------------|---------|
|------------------|---------|

NO DETAINER

**Pending Charges**

|  |
|--|
| Parole violation case #09CY0CR01236. discharged from supervision (see Attached document) |
| KC, MO: warrants for animal control violations.  |

**Current Work Assignments**

| Fac | Assignment | Description | Start      |
|-----|------------|-------------|------------|
| GRE | HVAC 1     | HVAC 1      | 08-28-2019 |

**Current Education Information**

| Fac | Assignment | Description                 | Start      |
|-----|------------|-----------------------------|------------|
| GRE | ESL HAS    | ENGLISH PROFICIENT          | 03-18-2018 |
| GRE | GED HAS    | COMPLETED GED OR HS DIPLOMA | 03-18-2018 |

**Education Courses**

| Description             | Start      | Stop       |
|-------------------------|------------|------------|
| Institutional           | 08-26-2019 | CURRENT    |
| Conduct                 | 08-25-2019 | CURRENT    |
| Educational Transcripts | 08-27-2019 | CURRENT    |
| Apprenticeship Hours    | 06-23-2019 | 08-15-2019 |
| College Transcripts     | 04-30-2019 | 06-20-2019 |
|                         | 01-23-2019 | 05-08-2019 |
|                         | 01-20-2019 | 04-29-2019 |
|                         | 09-07-2018 | 11-23-2018 |
|                         | 08-02-2018 | 12-04-2018 |
|                         | 09-13-2018 | 11-29-2018 |
|                         | 09-12-2018 | 11-19-2018 |
|                         | 08-25-2018 | 11-13-2018 |
|                         | 05-30-2018 | 08-22-2018 |
|                         | 06-08-2018 | 08-24-2018 |
|                         | 04-08-2018 | 06-19-2018 |
|                         | 04-10-2018 | 06-19-2018 |
|                         | 04-08-2018 | 06-19-2018 |
|                         | 04-08-2018 | 06-26-2018 |

**Discipline History (Last 6 months)**

| Hearing Date | Prohibited Acts |
|--------------|-----------------|
|--------------|-----------------|

\*\* NO INCIDENT REPORTS FOUND IN LAST 6 MONTHS \*\*

**Current Care Assignments**

| Assignment | Description                    | Start      |
|------------|--------------------------------|------------|
| CARE1      | HEALTHY OR SIMPLE CHRONIC CARE | 03-14-2018 |
| CARE1-MH   | CARE1-MENTAL HEALTH            | 03-15-2018 |

**Current Medical Duty Status Assignments**

| Assignment | Description                    | Start      |
|------------|--------------------------------|------------|
| NO PAPER   | NO PAPER MEDICAL RECORD        | 03-14-2018 |
| REG DUTY   | NO MEDICAL RESTR--REGULAR DUTY | 03-14-2018 |
| YES F/S    | CLEARED FOR FOOD SERVICE       | 05-18-2018 |

**Current Drug Assignments**





# Individualized Reentry Plan - Program Review (Inmate Copy)

SEQUENCE: 02060049

Dept. of Justice / Federal Bureau of Prisons

Team Date: 08-28-2019

Plan is for inmate: SUMMERS, JASON P 28055-045

| Assignment | Description                    | Start      |
|------------|--------------------------------|------------|
| DAP UNQUAL | RESIDENT DRUG TRMT UNQUALIFIED | 06-22-2018 |
| ED COMP    | DRUG EDUCATION COMPLETE        | 04-10-2019 |
| NR WAIT    | NRES DRUG TMT WAITING          | 04-16-2018 |

## FRP Details

### Most Recent Payment Plan

FRP Assignment: COMPLT FINANC RESP-COMPLETED Start: 07-31-2018

Inmate Decision: AGREED \$25.00 Frequency: QUARTERLY

Payments past 6 months: \$0.00 Obligation Balance: \$0.00

### Financial Obligations

| No. | Type  | Amount   | Balance | Payable   | Status     |
|-----|-------|----------|---------|-----------|------------|
| 1   | ASSMT | \$100.00 | \$0.00  | IMMEDIATE | COMPLETEDZ |

\*\* NO ADJUSTMENTS MADE IN LAST 6 MONTHS \*\*

### Payment Details

Trust Fund Deposits - Past 6 months: \$952.32

Payments commensurate ? Y

New Payment Plan:

\*\* No data \*\*

## Progress since last review

Inmate has made progress in programming, he is currently enrolled in several classes. He maintains employment in Havoc. He has maintained clear conduct and has completed his FRP obligation.

## Next Program Review Goals

Inmate is encouraged to utilize additional psychological services, as well as, seek out counseling through their prospective unit team members, and enroll in one educational or recreational course by next review date. Maintain clear conduct, appropriate personal hygiene and appearance, and proper etiquette through February 2020.

## Long Term Goals

Maintain positive and healthy relationships with family, children, and those close to you through visits, mail and frequent phone contacts. Continue positive interaction with others and avoid the negative influences/situations through August 2020.

## RRC/HC Placement

## Comments

Inmate Summers has 20 points.



# Individualized Reentry Plan - Program Review (Inmate Copy)

SEQUENCE: 02060049

Dept. of Justice / Federal Bureau of Prisons

Team Date: 08-28-2019

Plan is for inmate: SUMMERS, JASON P 28055-045

Name: SUMMERS, JASON P  
Register No.: 28055-045  
Age: 36  
Date of Birth: 06-08-1983

DNA Status: PREBOP TST / 05-23-2017

Inmate (SUMMERS, JASON P. Register No.: 28055-045)

Date

Unit Manager / Chairperson

Case Manager

Date

Date

Michael L. Parson  
Governor

Anne L. Precythe  
Director



2729 Plaza Drive  
P. O. Box 236  
Jefferson City, MO 65102  
Telephone: 573-751-2389  
Fax: 573-526-0880

State of Missouri  
**DEPARTMENT OF CORRECTIONS**  
*"Improving Lives for Safer Communities"*

Jason Summers #28055-045  
FCI Greenville  
Federal Correctional Institution  
PO Box 5000  
Greenville, IL 62246

RE: Discharge from Supervision  
Docket #: 09CY-CR01236-01  
Offense: Possession of Controlled Substance Except 35 grams or Less of Marijuana

Dear Jason Summers #1117984:

This letter is notification that you have been discharged from supervision by the Missouri Division of Probation and Parole effective 2/12/2020.

Our records indicate you have an overdue balance of \$1,431.19 with the Department of Corrections. Failure to pay any fee balance in full may result in tax interception or other authorized collection activity.

Payment Options for one year after your discharge date:

- Pay online at [www.modocfees.com](http://www.modocfees.com)
- Pay by Kiosk located at every Probation and Parole Office and Satellite Office
- Call 1-855-DOC-IFEE (1-855-362-4333)
- Return a payment voucher (obtained from the above website) and mail to:  
Department of Corrections  
Attention: Offender Financial Services  
P.O. Box 1848  
Jefferson City, MO. 65102

Payment Option any time after discharge:

- Return a payment voucher (obtained from the above website) and mail to:  
Department of Corrections  
Attention: Offender Financial Services  
P.O. Box 1848  
Jefferson City, MO. 65102

Upon being discharged from supervision, most people have their right to vote restored. Under Missouri law, qualified citizens may register in person at the office of their local election authority, the driver's license office or by mail at a participating State agency. If you have questions regarding your right to vote, you should contact your local County Clerk's office, your local Board of Election Commissioners, or the Secretary of State's Office.

Sincerely,

*Bonnie Hamburg*

Probation and Parole Officer



GREJI \*  
PAGE 001 OF 001 \*

INMATE EDUCATION DATA  
TRANSCRIPT

\* 03-25-2020  
\* 14:28:35

REGISTER NO: 28055-045 NAME.: SUMMERS  
FORMAT.....: TRANSCRIPT RSP OF: GRE-GREENVILLE FCI

FUNC: PRT

----- EDUCATION INFORMATION -----

| FACL | ASSIGNMENT | DESCRIPTION                 | START DATE/TIME | STOP DATE/TIME |
|------|------------|-----------------------------|-----------------|----------------|
| GRE  | ESL HAS    | ENGLISH PROFICIENT          | 03-18-2018 1156 | CURRENT        |
| GRE  | GED HAS    | COMPLETED GED OR HS DIPLOMA | 03-18-2018 1153 | CURRENT        |

----- EDUCATION COURSES -----

| SUB-FACL | DESCRIPTION                    | START DATE | STOP DATE  | EVNT | AC | LV | HRS |
|----------|--------------------------------|------------|------------|------|----|----|-----|
| GRE      | APPRENTICESHIP HVAC PROGRAM    | 04-18-2019 | CURRENT    |      |    |    |     |
| GRE      | INTRO SUICIDE COMPANION TRNG   | 01-31-2020 | 01-31-2020 | P    | C  | P  | 5   |
| GRE      | RPP1 HIV EDUCATION             | 10-03-2019 | 12-10-2019 | P    | C  | P  | 10  |
| GRE      | PARENTING                      | 08-27-2019 | 11-20-2019 | P    | C  | P  | 10  |
| GRE      | RPP1 HEALTHY HEART REL CLASS   | 08-25-2019 | 10-03-2019 | P    | C  | P  | 10  |
| GRE      | RPP1 WELLNESS RELEASE CLASS    | 06-23-2019 | 08-15-2019 | P    | C  | P  | 10  |
| GRE      | RPP1 NUTRITION                 | 04-30-2019 | 06-20-2019 | P    | C  | P  | 10  |
| GRE      | G'VILLE U AMERICAN HISTORY 105 | 01-23-2019 | 05-08-2019 | P    | C  | P  | 3   |
| GRE      | COMPUTER LAB TYPING COURSE     | 01-20-2019 | 04-29-2019 | P    | C  | P  | 10  |
| GRE      | ADVANCED CHESS                 | 09-07-2018 | 11-23-2018 | P    | C  | P  | 2   |
| GRE      | MICRO SOFT OFFICE PROGRAM      | 08-02-2018 | 12-04-2018 | P    | C  | C  | 132 |
| GRE      | COMMERCIAL DRIVERS LICENSE     | 09-13-2018 | 11-29-2018 | P    | C  | P  | 10  |
| GRE      | RPP 3 FINANCIAL PEACE          | 09-12-2018 | 11-19-2018 | P    | C  | P  | 10  |
| GRE      | BALANCE: MAKE MONEY PERSONAL   | 08-25-2018 | 11-13-2018 | P    | C  | P  | 8   |
| GRE      | INTERMEDIATE CHESS             | 05-30-2018 | 08-22-2018 | P    | C  | P  | 2   |
| GRE      | WOOD FRAME CONSTRUCTION        | 06-08-2018 | 08-24-2018 | P    | C  | P  | 2   |
| GRE      | ADV STUDY OF SPANISH LANGUAGE  | 04-08-2018 | 06-19-2018 | P    | C  | P  | 10  |
| GRE      | SPANISH 1 COASTLINE CC         | 04-10-2018 | 06-19-2018 | P    | C  | P  | 10  |
| GRE      | BASIC MATHEMATICS              | 04-08-2018 | 06-19-2018 | P    | C  | P  | 10  |
| GRE      | RPP6 3 STEPS TO SUCCESS        | 04-08-2018 | 06-26-2018 | P    | C  | P  | 15  |

G0000

TRANSACTION SUCCESSFULLY COMPLETED

### Total Number of Work Hours

## Summers, Jason

28055-045

## HVAC

[illegible]

| Date | Hours | Cum Hours | Staff Verify |
|------|-------|-----------|--------------|
|      |       | #VALUE!   |              |

Brian Jensen  
Apprenticeship  
Coordinator

Comments:



## **Benchmark of Excellence**

**Employment-Ready Certified**

**JASON P. SUMMERS**

**Has Achieved Academic Excellence in  
Basic Refrigeration & Charging Procedures**

Exam Participant: JASON P. SUMMERS  
HVAC Ex. ID#: 1034754087230

## **Your Score**

**A/C & Refrigeration Theory 100%. A/C  
Systems & Components 100%. Air Supply  
& Delivery 100%. Refrig / A/C  
Troubleshooting 100%. Refrig Systems &  
Components 100%. Refrig/ A/C Systems &  
Components 100%. Special Refrigeration  
System Components 88%. Sys**

**Mail To:  
JASON SUMMERS  
PO BOX 4000  
GREENVILLE, IL, 62246**



**Benchmark  
of Excellence**

**Employment-Ready Certified  
JASON P. SUMMERS**

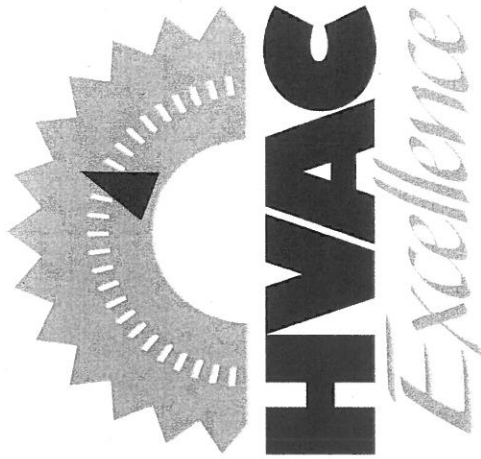
**Has Achieved Academic Excellence in  
System Diagnostic and Troubleshooting**

Exam Participant: JASON P. SUMMERS  
HVAC Ex. ID#: 1034754087230

## **Your Score**

**2 Recovery Requirements 100%. A/C &  
Refrigeration Theory 100%. Air Supply &  
Delivery 100%. Refrig / A/C Equipment &  
Tools 100%. Refrig / A/C Troubleshooting  
93%. Refrig/ A/C Systems & Components  
90%. System Evacuation 100%.**

**Mail To:  
JASON SUMMERS  
PO BOX 5000  
GREENVILLE, IL, 62246**



# Benchmark of Excellence

Employment-Ready Certified

**JASON P. SUMMERS**

Has Achieved Academic Excellence in

**System Diagnostic and Troubleshooting Procedures**

**Certificate # - 1034754087230**

**HVAC Ex Chairman**



# *Certificate of Completion*

**Presented to**

**Jason Summers**

**For successfully completing the**

**Drug Abuse Education Course**

*The Drug Abuse Education Course is a minimum of 12 hours. The goal of this program is to help the offender to make an accurate evaluation of the consequences of his/her alcohol/drug use and consider the need for treatment.*



**A. Compton**  
**FCI-Greenville Institution**

**DTS**

4/9/19  
**4/9/2019**



Greenville University

ID : 111388249  
 Name : Jason Patrick Summers  
 SSN : \*\*\*-\*\*-1755  
 Address : PO Box 5000  
 Greenville, IL 62246

Undergraduate Division

| Course Number      | Title | CR | Type | Gra | Rpt | Att | Ernd | HGpa | Q.Pts | GPA |
|--------------------|-------|----|------|-----|-----|-----|------|------|-------|-----|
| 2018-2019 : Spring |       |    |      |     |     |     |      |      |       |     |

|                          |                     |      |      |      |      |      |      |       |       |        |
|--------------------------|---------------------|------|------|------|------|------|------|-------|-------|--------|
| HIST. 205                | American History II | CR   | A    | 3.00 | 3.00 | 3.00 | 3.00 | 12.00 | 12.00 |        |
| Term Totals :            |                     | 3.00 | 3.00 | 3.00 | 3.00 | 3.00 | 3.00 | 12.00 | 12.00 | 4.0000 |
| Career Totals :          |                     | 3.00 | 3.00 | 3.00 | 3.00 | 3.00 | 3.00 | 12.00 | 12.00 | 4.0000 |
| Division Career Totals : |                     | 3.00 | 3.00 | 3.00 | 3.00 | 3.00 | 3.00 | 12.00 | 12.00 | 4.0000 |

Degree Information :

(1) Date Conferred :  
 Major(s)  
 Non-Degree Seeking





Undergraduate Transcript

27210 College Road  
Centralia, IL 62801  
618.545.3000 URL: www.kaskaskia.edu

Page 1 of 1

Jason P. Summers  
FCI Greenville  
PO Box 6000  
Greenville IL 62246

SSN: XXX-XX-1755  
Birth Date: 06/08/83  
Print Date: 12/21/18

| Course   | Title                      | Grd R | Hrs Att | Hrs Cmpt | Grade Points |
|----------|----------------------------|-------|---------|----------|--------------|
| CITA 112 | Microsoft Word Specialist  | A     | 3.00    | 3.00     | 12.00        |
| CITA 122 | Microsoft Excel Specialist | A     | 3.00    | 3.00     | 12.00        |
| CITA 142 | Microsoft Powerpoint       | A     | 3.00    | 3.00     | 12.00        |

2018FA Totals: 9.00 9.00 36.00 GPA = 4.000  
Cumulative Totals: 9.00 9.00 36.00 GPA = 4.000

TOTALS: HRS ATT = 9.00 HRS CMPT = 9.00 GRADE PTS = 36.00 GPA = 4.000



TO VERIFY: TRANSLUCENT GLOBE ICONS MUST BE VISIBLE WHEN HELD TOWARD A LIGHT SOURCE

This officially sealed and signed transcript is printed on navy blue SCRIP-SAFE® security paper with the name of the college printed in white type across the face of the document. A raised seal is not required. Photocopying should cause a security statement containing the name of the institution to appear. A BLACK AND WHITE OR A COLOR COPY SHOULD NOT BE ACCEPTED!

Cheryl Boehne  
Director of Admissions and Registration

GRADING LEGEND IS PRINTED ON REVERSE



Greenville Education Department  
Adult Continuing Education Program

# *Certificate of Completion*

*Is Awarded To*

*Jason Summers*

---


*For Successfully Completing the Adult Continuing Education Course*

*Parenting*

*November 20, 2019*

*At*

*FCI Greenville*

  
J. Kasten

Program Coordinator



*Greenville Education Department  
Adult Continuing Education Program*

# *Certificate of Achievement*

*Is Awarded To*


*Jason Summers*

*For Successfully Completing the Adult Continuing Education Course  
Commercial Drivers License (CDL)*

*November 29, 2018*

*At*

*FCI Greenville*

  
J. Kasten

Program Coordinator



# DISCHARGE SUMMARY / POST DISCHARGE PLAN OF CARE

Linden Woods Village  
2901 NE 72<sup>nd</sup> Street  
Gladstone, MO 64119  
816-268-4000

Resident name: Lori Caruthers Date of Birth: 10/03/1956

Admission date: 02/25/2020 (Released from Hospital)

Address after discharge: 5122 N Flora, KCMO 64118

Phone #: 1-239-728-7724

Physician name: Dr. Shaumeyer will follow for 30 days 913-215-5008 (PT has no PCP @ this time)

Will this physician assume responsibility for individual's medical care and treatment post discharge? Yes If not, describe physician services post discharge:

Current diagnosis: Right Hemiplegia, Subarachnoid hemorrhage, dysphagia, aphasia, anxiety, depression and hypertension.

Current diagnosis/Therapy during nursing facility stay:

Mother's Release  
Information

+

Medical Diagnosis

See attached in discharge info packet

Most recent Radiology or other test and results:

**Home Visit- Patient has copy**

Was a home visit conducted by the Rehabilitation staff? Yes

If yes, please attach a copy of the evaluation and explain what the outcome of the visit was:

If no, please give reason:

**Functional Status:** W/C & Hemi-cane

Mobility: Independent\_\_\_\_ Independent with device \_Specify:

Transfers independently\_\_\_\_ Requires assist of one and/or device \_x\_ Requires assist of two \_\_\_\_

Pivots only\_\_\_\_ Immobile\_\_\_\_ Mechanical lift\_\_\_\_

**Activities of Daily Living - Extensive assist with ADL's. Can feed self**

Bathing \_x\_ Shaving\_\_\_\_ Dressing \_x\_ Eating\_\_\_\_ Toileting \_x\_ Nail Care \_x\_

Hair Care \_x\_ Brushing Hair \_x\_

**Sensory Impairments**

Vision Glasses: Y x (reading) N\_\_

Hearing Hearing aid(s) Y\_\_\_\_ N\_\_x\_

Speech: Can make needs known

Can this individual function safely in an unsupervised environment? Yes\_\_\_\_ No \_X\_

If not, who will provide supervision?

**Mental Status**

Oriented \_x\_ Forgetful\_\_\_\_ Disoriented to time\_\_\_\_ Place\_\_\_\_ Person\_\_\_\_

Able to make needs known\_\_\_\_ Unable to make needs known\_\_\_\_

Specify:

**Scheduled Doctor's Appointments-Family will schedule F/U appt. with PCP**

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

### Pharmacy

Is a pharmacy arranged for? Yes x No       

If applicable name of pharmacy: Walgreens on Vivian 816-459-7175

Is the individual capable of taking own pills on schedule? Yes x No X

If not, who will be responsible for helping the individual with medications?

### Transportation

Who will assist with transportation for errands and doctor appointments? Family

### Housekeeping

Is individual capable of housekeeping / laundry tasks? Yes        No X

If not, who will assist with housekeeping? Family

### Nutritional Status

Who will prepare meals for the individual? Family

Special dietary restrictions:

Chewing problems: Swallowing problems: no

Food preferences / allergies: NKA

Assistance needed with meals:

Dietary instructions:

Dental needs: No known needs

### Activity Status

Activities in which the resident currently engages: Participates in therapy and activities of choice.

Activity goals: Resume daily routine and activity as tolerated

### Referrals

Doctor: Atul Patel at KU Bone & Clinic 913-381-5225 on Monday April 27<sup>th</sup> at 10:00  
10701 Nall suite 200, Overland Park KS

Doctor: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Doctor: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Doctor: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Medical Treatments: Follow up with primary care physician after discharge from rehabilitation  
within 7-14 days

| MEDICATION LIST                         |        |                    |                                     |
|---|--------|--------------------|-------------------------------------|
| Medication                              | Dosage | Suggested Schedule | Reconciliation<br>of<br>medications |
| Provided with<br>discharge<br>paperwork |        |                    |                                     |
|   |        |                    |                                     |
|   |        |                    |                                     |
|   |        |                    |                                     |
|   |        |                    |                                     |
|   |        |                    |                                     |
|   |        |                    |                                     |
|   |        |                    |                                     |
|   |        |                    |                                     |
|   |        |                    |                                     |
|   |        |                    |                                     |
|   |        |                    |                                     |
|   |        |                    |                                     |
|   |        |                    |                                     |
|   |        |                    |                                     |



What referrals were made? Home Health

Agency name: Spectrum Home Health

Address: phone: 913-831-2979

Date contacted: 3/16/20 Contacted by: Vicki Johnson RN

Purpose of the referral: PT & OT

Agency name:

Address: Phone #:

Date contacted: Contacted by:

Purpose of the referral:

Agency name:

Address: Phone #:

Date contacted: Contacted by:

Purpose of the referral:

### Conclusion

Actual discharge date: 3/16/2020 Reason for discharge: End of insurance coverage and Patient wants to go home

Discharged to: home

It has been verified that medications are at the pharmacy. \_\_\_\_\_  
(Signature of Nurse Manager that verified)

*initials*  
**Advanced Directives:** If Resident has advanced directives please sign to verify that a copy of advanced directives are sent with the resident.

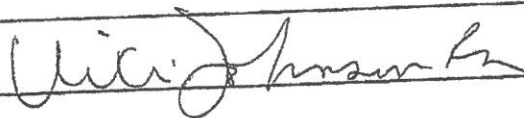
Resident/ or Resident Representative:

---

This post discharge plan was reviewed by:

Resident 

Responsible Party \_\_\_\_\_

Social Worker/Clinical Nurse Manager 

Nurse \_\_\_\_\_



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
DIVISION OF SENIOR AND DISABILITY SERVICES  
**CONTACT FORM**

Waiver  
TO EXPEDITE  
3/16/20  
3:24 #  
Haven't heard  
2 wks  
SR & DISB  
Service  
Assessment

PARTICIPANT DCN  
13635092

10/3/56

DATE  
03 09 2020

PARTICIPANT LAST NAME  
Caruthers

PARTICIPANT FIRST NAME  
Lori

ADDRESS  
5122 N Flora Ave

PHONE NUMBER  
239.728.7734

CITY  
Kansas City

STATE  
MO

ZIP CODE  
64118 573 526 443  
2915

HCUS CALL CENTER  
REFERRALS

**REASON FOR CONTACT BELOW**

This letter is in regard to a referral for Home and Community Based Services the Department of Health and Senior Services received from Family Support Division. The Department of Health and Senior Services staff assesses individuals for services to assist them to remain in the least restrictive environment. Our goal is to:

- Ensure your needs are met with the right services and supports; and
- Help you remain as independent as possible.

If you are still in need of help in your home, please contact our office so your request can be completed. You may reach us at 1-866-835-3505, Monday-Thursday, 8:00 a.m. – 5:00 p.m. and Friday, 8:30 a.m. – 5:00 p.m.

Thank you for your attention to this matter.

DSDS STAFF SIGNATURE

*Sharon Gardner*

DSDS STAFF NAME (PRINTED)

Sharon Gardner

PHONE NUMBER

866-835-3505

DSDS OFFICE ADDRESS, CITY, STATE, ZIP CODE

PO Box 570, Jefferson City, MO 65102

**COVER PAGE**  
**Medical Record Request**  
**Discharge Information**

**Total # Pages of EMR: 13 (including cover page)**

**Facility Name and Address:**

Lindenwoods Village-SNF  
2901 NE 72ND Street  
Gladstone, MO 64119, US

**Resident:** Caruthers, Lori

**D.O.B.:** 10/3/1956

**Gender:** Female

**Resident/MR#:** 1083

**Date Range:** 3/1/2020 to 3/16/2020

**Run on:** 3/16/2020 11:14

**MEDICAL RECORD SECTIONS**

|                           |                                       |           |             |
|---------------------------|---------------------------------------|-----------|-------------|
| 1. Profile (3 pages)      | Transfer / Discharge Report (3 pages) | Pg. 2-4   | Page# 2-4   |
| 2. Med Diag (1 page)      | Diagnosis Report *NEW*                | Pg. 5     | Page# 5     |
| 3. Allergy (1 page)       | Allergy Report                        | Pg. 6     | Page# 6     |
| 4. Immunizations (1 page) | Immunization Report                   | Pg. 7     | Page# 7     |
| 5. Orders (2 pages)       | Order Summary Report (2 pages)        | Pg. 8-9   | Page# 8-9   |
| 6. Results (1 page)       | Lab Results Report                    | Pg. 10    | Page# 10    |
| 7. Care Plan (3 pages)    | Care Plan (3 pages)                   | Pg. 11-13 | Page# 11-13 |

Lindenwoods Village-SNF  
Resident: Caruthers, Lori  
Date Range: 3/1/2020 to 3/16/2020

DOB: 10/3/1956

Gender: Female

Transfer / Discharge Report  
MR#: 1083

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# TRANSFER / DISCHARGE REPORT

16 Mar, 2020

Lindenwoods Village-SNF  
2901 NE 72ND Street  
Gladstone MO 64119 United States  
(816) 268-4000

## RESIDENT INFORMATION

| Resident Name     |            | Unit                    | Room/Bed               | Admission Date    | Resident No.     |
|-------------------|------------|-------------------------|------------------------|-------------------|------------------|
| Caruthers, Lori M |            | East Wing               | 156 1                  | 02/25/2020        | 1083             |
| Sex               | Birthdate  | Age                     | Marital Status         | Religion          | Primary Language |
| F                 | 10/03/1956 | 63                      |                        |                   | English          |
| Medicare (HIC) #  |            | Medicare Beneficiary ID | Medicaid #             | Social Security # |                  |
|                   |            | 1JG0VG6KX02             | 13635092               |                   |                  |
| Insurance Name:   |            | Insurance Policy #:     | Insurance Primary Name | Part D Policy #   |                  |
|                   |            |                         |                        |                   |                  |

## OTHER INFORMATION

| Allergies                 |  |   |  |                   |              |
|---------------------------|--|---|--|-------------------|--------------|
| Sulfamethoxazole, Poultry |  |   |  |                   |              |
| Advance Directive         |  | Copy Advance Directive/Living Will Enclosed |  | Diet Type         | Diet Texture |
| CPR                       |  | YES NO                                      |  | Regular           | Regular      |
|                           |  |   |  | Fluid Consistency |              |
|                           |  |   |  | Regular           |              |

## PRIMARY CONTACT

| Name         | Notified | Relationship | Address | Phone                |
|--------------|----------|--------------|---------|----------------------|
| Howard, Mike | YES NO   |              |         | Home: (337) 718-6398 |

## PRIMARY PHYSICIAN

| Physician         | Phone                 | Address                                   |
|-------------------|-----------------------|---|
| Shaumeyer, Kristi | Office:(913) 215-5008 | 10977 Granada Lane<br>Leawood,KS<br>66211 |

## DIAGNOSES

|   |  |
|---|--|
| ANXIETY DISORDER, UNSPECIFIED (F41.9)   | APHASIA FOLLOWING NONTRAUMATIC SUBARACHNOID HEMORRHAGE (I69.020) |
| DYSPHAGIA FOLLOWING NONTRAUMATIC SUBARACHNOID HEMORRHAGE (I69.091)  | ESSENTIAL (PRIMARY) HYPERTENSION (I10)                           |
| HEMIPLEGIA AND HEMIPARESIS FOLLOWING NONTRAUMATIC SUBARACHNOID HEMORRHAGE AFFECTING RIGHT DOMINANT SIDE (I69.051) | INSOMNIA, UNSPECIFIED (G47.00)                                   |
| OTHER RECURRENT DEPRESSIVE DISORDERS (F33.8)  |  |

## LAST VITAL SIGNS

| Blood Pressure             | Pulse                  | Temperature              | Respirations           | Date of last Tetanus Shot |
|----------------------------|------------------------|--------------------------|------------------------|---------------------------|
| 121/77<br>Date: 03/16/2020 | 67<br>Date: 03/16/2020 | 96.6<br>Date: 03/16/2020 | 18<br>Date: 03/16/2020 |                           |

## CHIEF COMPLAINT(reason for transfer)

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

## RELEVANT INFORMATION

| Behavior(s)                | Ambulation | Bladder | Bowel | Feeding |
|----------------------------|------------|---------|-------|---------|
|                            |            |         |       |         |
| Usual Level of Functioning |            |         |       |         |
|                            |            |         |       |         |

# TRANSFER / DISCHARGE REPORT

16 Mar, 2020

Lindenwoods Village-SNF  
2901 NE 72ND Street  
Gladstone MO 64119 United States  
(816) 268-4000

## RESIDENT INFORMATION

| Resident Name     | Unit      | Room/Bed | Admission Date | Resident No. |
|-------------------|-----------|----------|----------------|--------------|
| Caruthers, Lori M | East Wing | 156 1    | 02/25/2020     | 1083         |

## MISCELLANEOUS INFORMATION

| Date of Transfer/Discharge | Time | Transfer/Discharged to |      |      |
|----------------------------|------|------------------------|------|------|
|                            |      |                        |      |      |
| Signature                  |      | Date                   | Time |      |
|                            |      |                        |      |      |
| Personal Effects Sent With |      | Relationship           | Date | Time |
|                            |      |                        |      |      |



Lindenwoods Village-SNF

Resident: Caruthers, Lori

DOB: 10/3/1956

Gender: Female

Diagnosis Report \*NEW\*

MR#: 1083

Date Range: 3/1/2020 to 3/16/2020

Resident: Caruthers, Lori M (1083) Diagnosis Date Range: 03/01/2020 - 03/16/2020 Status: Active Therapy: Both

| Diagnosis  | Date       | Rank                 | Created<br>By/ Date  |
|--|------------|----------------------|----------------------|
| <b>Caruthers, Lori M (1083) - East Wing 156 1</b>  |            |                      |                      |
| ANXIETY DISORDER,<br>UNSPECIFIED (F41.9)   | 02/25/2020 | Other Diagnosis      | sseidl<br>02/25/2020 |
| APHASIA FOLLOWING<br>NONTRAUMATIC<br>SUBARACHNOID<br>HEMORRHAGE (I69.020)  | 02/25/2020 | Second<br>Diagnosis  | sseidl<br>02/25/2020 |
| DYSPHAGIA FOLLOWING<br>NONTRAUMATIC<br>SUBARACHNOID<br>HEMORRHAGE (I69.091)  | 02/25/2020 | Third Diagnosis      | sseidl<br>02/25/2020 |
| ESSENTIAL (PRIMARY)<br>HYPERTENSION (I10)  | 02/25/2020 | Other Diagnosis      | sseidl<br>02/25/2020 |
| HEMIPLEGIA AND<br>HEMIPARESIS FOLLOWING<br>NONTRAUMATIC<br>SUBARACHNOID<br>HEMORRHAGE AFFECTING<br>RIGHT DOMINANT SIDE (I69.<br>051) | 02/25/2020 | Primary<br>Diagnosis | sseidl<br>02/25/2020 |
| INSOMNIA, UNSPECIFIED (G47.<br>00)   | 02/25/2020 | Other Diagnosis      | sseidl<br>03/09/2020 |
| OTHER RECURRENT<br>DEPRESSIVE DISORDERS (F33.<br>8)  | 02/25/2020 | Other Diagnosis      | sseidl<br>02/25/2020 |

Lindenwoods Village-SNF

Resident: Caruthers, Lori

Date Range: 3/1/2020 to 3/16/2020

DOB: 10/3/1956

Gender: Female

Allergy Report

MR#: 1083

Resident: Caruthers, Lori M (1083) Allergy Date Range: 03/01/2020 - 03/16/2020 Allergy Status: Active

Caruthers, Lori M (1083)

| <u>Allergen</u>  | <u>Type</u> | <u>Category</u> | <u>Reaction Type</u><br><u>Sub Type</u>      | <u>Reaction Note</u> | <u>Severity</u> | <u>Onset Date</u> | <u>Status</u> | <u>Created By/ Date</u>    |
|------------------|-------------|-----------------|--|----------------------|-----------------|-------------------|---------------|----------------------------|
| Poultry          | Intolerance | Food            | Nausea                                       |                      | Mild            | 02/25/2020        | Active        | Anne Johnson<br>02/25/2020 |
| Sulfamethoxazole | Allergy     | Drug            | Cutaneous reactions -<br>Fixed drug eruption |                      | Severe          | 02/25/2020        | Active        | Anne Johnson<br>02/25/2020 |

Lindenwoods Village-SNF

Resident: Caruthers, Lori

DOB: 10/3/1956

Gender: Female

Immunization Report

MR#: 1083

Date Range: 3/1/2020 to 3/16/2020

Resident: Caruthers, Lori M (1083) Consent Status: All Date Range: 03/01/2020 - 03/16/2020 Type of Immunization: All

Caruthers, Lori M (1083) - East Wing 156 1 - DOB: 10/03/1956 - Sex: F - Resident Number: 1083

| Type<br>of Immunization              | Consent<br>Status | Administered<br>Info                        | Results            | Strike<br>Out Info |
|--------------------------------------|-------------------|---|--------------------|--------------------|
| TB 2 Step Mantoux Skin Test (Step 2) | Consented         | Left Forearm<br>Sarah Chester<br>03/03/2020 | Negative<br>(0 mm) |                    |

|                             |  |
|-----------------------------|--|
| <b>Special Instructions</b> |  |
|-----------------------------|--|

| Focus   | Goal   | Interventions  | Position  | Freq/Resolved |
|---|--|--|---|---------------|
| <ul style="list-style-type: none"><li>• The resident has little or no activity involvement r/t resident wishes not to participate</li></ul> <p>Date Initiated: 03/04/2020</p> | <ul style="list-style-type: none"><li>• The resident will express satisfaction with type of activities and level of activity involvement when asked through the review date.</li></ul> <p>Date Initiated: 03/04/2020<br/>Target Date: 03/15/2020</p> | <ul style="list-style-type: none"><li>• I enjoy going outside, listening to rock and roll, reading fictional and also mystery, being around animals, and being around family.</li></ul> <p>Date Initiated: 03/04/2020<br/>Created on: 03/04/2020<br/>Created by: Lindsay Burnett (Activities)<br/>Revision on: 03/04/2020<br/>Revision by: Lindsay Burnett (Activities)<li>• I don't want to be invited to activities if I wish to come, I will bring myself.</li><p>Date Initiated: 03/04/2020<br/>Created on: 03/04/2020<br/>Created by: Lindsay Burnett (Activities)<br/>Revision on: 03/04/2020<br/>Revision by: Lindsay Burnett (Activities)<li>• I enjoy playing with my grand kids, they are 10 and 8 and we love to play with the basketball goal at my house.</li><p>Date Initiated: 03/04/2020<br/>Created on: 03/04/2020<br/>Created by: Lindsay Burnett (Activities)<br/>Revision on: 03/04/2020<br/>Revision by: Lindsay Burnett (Activities)</p></p></p> | ACTA<br>CNA<br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><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